

PLAINTIFF HASSAN CRAWFORD	2012 APR -3 PM 3:14	COURT CASE NUMBER L-12-552
DEFENDANT PORTFOLIO RECOVERY ASSOCIATES		TYPE OF PROCESS Slc Summons and Complaint
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN PORTFOLIO RECOVERY ASSOCIATES	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 120 CORPORATE BLVD. NORFOLK, VA 23502	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: HASSAN CRAWFORD 4932 OLD COURT RD. BALTIMORE, MD 21133	Number of process to be served with this Form - 285 1
	Number of parties to be served in this case 1
	Check for service on U.S.A. N/A

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

**120 CORPORATE BLVD
NORFOLK, VA 23502**

**MONDAY - FRIDAY
9 a.m. - 4 p.m.**

RECEIVED
U.S. MARSHALS
A 11:10
03

Signature of Attorney or other Originator requesting service on behalf of: By: Hassan Abdul DBA HASSAN CRAWFORD	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (443) 208-6002	DATE MARCH 10, 2012
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 31	District to Serve No. 31	Signature of Authorized USMS Deputy or Clerk 	Date 03/14/12
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 03/20/12 Time pm
	Signature of U.S. Marshal or Deputy

Service Fee \$8.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges \$8.00	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: **mailed certified, return receipt # 7011 1570 0000 9946 8893, service was accepted on 03/20/2012.**

SENDER: COMPLETE THIS SECTION

- Case 1:12-cv-00552-BEL Document 6 Filed 04/03/12 Page 2 of 2
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PORTFOLIO RECOVERY ASSOCIATES
120 CORPORATE BLVD.
NORFOLK, VA. 23502
L-12-552 KMZ

2. Article Number

(Transfer from service label)

PS Form 3811,

7011 1570 0000 9946 8893

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Caradine D. Bryant* Agent
Addressee

B. Received by (Printed Name) *Caradine D. Bryant* C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 11.15

Postmark
Here

Sent To
Street, Apt. No.
or PO Box No.
City, State, Zip

PORTFOLIO RECOVERY ASSOCIATES
120 CORPORATE BLVD.
NORFOLK, VA. 23502
L-12-552 KMZ

PS Form 3800

102595-02-M-1540

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